



# Choosing Midwifery – The perceptions and experiences of Black, Asian and Minority Ethnic applicants to midwifery programmes: A mixed methods study

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## ABSTRACT

**Aim:** to explore recruitment to UK midwifery programmes from the perspective of applicants from Black, Asian and Minority Ethnic (BAME) groups and describe the perceptions and experiences of the application process for these applicants and those from white backgrounds.

**Background:** Midwifery in the Global North is an overwhelmingly white profession. This lack of diversity has been cited as a factor in the poorer outcomes experienced by women from non-white backgrounds. There is a need for midwifery programmes to recruit and support more ethnically and racially diverse cohorts if this situation is to be addressed. Very little is currently known about the recruitment experiences of midwifery applicants.

**Design:** A mixed methods study comprising a survey and individual interview or focus group. The study was conducted between September 2020 and March 2021 in three universities in South East England. Participants comprised 440 applicants to midwifery programmes and 13 current or recently qualified BAME midwifery students.

**Findings:** Although many survey findings in respect to choosing a midwifery programme were broadly similar between candidates from BAME and non-BAME backgrounds, some trends were noted. More BAME applicants cited school/college rather than family as encouraging. More BAME applicants also indicated that they would consider issues of diversity when selecting a place of study, and BAME respondents appeared less likely to consider location and university life. Survey and focus group findings combined may indicate deficits in social capital available to BAME midwifery applicants. Focus group findings in particular suggest multiple experiences of challenge and inequity at all stages of the application process, together with a perception that midwifery is a niche and white profession. Applicants value proactive support from universities and would appreciate increased diversity, opportunities for mentorship and an individualised approach to recruitment.

**Conclusions:** BAME applicants to midwifery can face additional challenges which have an impact on their ability to secure a place. There is a need to reposition midwifery as an inclusive and welcoming option for people from all backgrounds and to develop equitable recruitment processes that value a range of skills and life experiences.

## 1. Introduction

There is currently a lack of diversity in the midwifery profession in the Global North. For example, only 14.6% of midwives in the UK are from Black, Asian and Minority Ethnic (BAME) groups, only 5.8% of midwives who certify through the American Midwifery Certification Board identify as people of colour and a mere 1% of registered midwives in Australia identified as Aboriginal or Torres Strait Islander (Almanza et al., 2019; Australian Government Department of Health, 2017; NHS

Digital, 2020). This lack of representation has been linked to the poorer outcomes and experiences of BAME women reported across the region (Birthrights, 2022; World Health Organisation Regional Office for Europe, 2017; Wren Serbin and Donnelly, 2016) It is not unreasonable to suggest that the ethnic make up of midwifery must be due in part to the ethnic make up of students recruited to midwifery programmes. It is therefore imperative that recruitment processes are scrutinised to ensure that they are and are perceived as being, inclusive and welcoming environments for all.

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The whiteness of midwifery is a result of complicated layers of deeply embedded racist structures which white people in general, and white midwifery academics in particular, are charged with knowingly or unknowingly ignoring (Burnett et al., 2020; Eddo-Lodge, 2018; Grainger, 2006). Pendleton et al. (2022) have highlighted that nursing and midwifery students are subject to a “double whammy” of racism, negotiating racist structures and attitudes both in their universities and in placement settings. In the US, the third highest rate of race or ethnicity-related hate crimes are perpetrated in the education system (Ash et al., 2020) and in the UK, the workplace culture in the National Health Service has been described as containing a toxic culture of racism and discrimination (Birthrights, 2022). These racist structures intersect with long running struggles for professional recognition. In the early 20th Century in the US, for example, midwifery was almost eradicated as emerging medical specialists sought to disparage the lay midwives (who were predominantly women of colour) who at that time attended around 50% of births (Goode, 2014). Goode (2014) argues that echoes of this conflict continue today as nurse-midwives (mostly white) seek to differentiate themselves from lay midwives (mostly black) to achieve professional respectability in medicalised settings.

Overwhelmingly white cohorts continue to be a feature of many midwifery programmes in the UK despite the 2010 Equality Act, which makes it unlawful for universities to discriminate or victimise students during the admissions cycle on the basis of race (Advance, 2021) and despite the fact that, in 2019, only 30.3% of university entrants in England were white (Burnett, 2021). Recruitment practices contributing to this whiteness are hard to pin down - unlike their medical counterparts, nursing and midwifery schools in the UK do not routinely publish their admission statistics by ethnicity. Dated statistics suggest that students of colour applying to nursing in the UK are less than half as likely to be offered a place than their white peers (Chevannes, 2001; Grainger, 2006). More recent research has shown that British South Asian men are more likely to apply to study nursing than their white male peers, but half as likely to be offered a place (Qureshi et al., 2018).

Ali et al. (2018) explored the barriers and enablers for South Asian students choosing nursing or midwifery courses and careers in the UK. Participants cited limited knowledge of nursing and midwifery, a perception that they were low status, poorly paid careers, a lack of available funding and a fear that career progression would be challenging due to racial discrimination, as barriers to applying. Johnson et al. (2013) also found a perception of nursing being low status amongst South Asian and middle class BAME students, although other BAME students in their study of nursing students in the UK regarded nursing as a way of moving up in the world. Students considered university rankings, diversity and location when choosing where to apply and reported a lack of available support from families in particular with their applications and a high level of suspicion around the possible impact of their race on the application process (Johnson et al., 2013). There is currently no research looking specifically at the experiences of applicants to midwifery programmes in the UK.

To inform reflection and debate around recruitment to midwifery programmes in the UK and other nations in the Global North, we undertook a survey of applicants from all backgrounds applying to three universities in the South East of England from September 2020- March 2021 and conducted focus groups with BAME students and preceptee midwives in each of the three locations. Our aim was to explore the experiences of BAME applicants and describe perceptions and experiences of the application process for BAME applicants and those from white backgrounds.

We prefer to use the term Global Ethnic Majority (GEM) to describe people with black or brown skin. However, BAME (Black and Minority Ethnic) was the accepted term when we conducted our research and was used in our research literature. We have therefore kept it to ensure accuracy of reporting.

## 2. Methods

### 2.1. Design

A convergent mixed methods design was used, comprising a predominantly quantitative online survey to elicit factors having an impact on participants' choice of midwifery programme and their experience at their interview day, and qualitative focus groups (or semi-structured interview in the event that only one participant was present) to explore the application and lived experience of BAME midwifery students at university and in placement. The lived experience of the students and their experience of virtual interviews, are discussed in separate papers - only the findings relevant to recruitment are reported here. A convergent mixed methods approach enabled recruitment to be explored from different perspectives, which were then brought together to illuminate the recruitment experience (Hong et al., 2018). Quantitative data provided a broad data set and enabled responses from BAME and non-BAME participants to be described. Qualitative data added meaning and context (Aveyard, 2019). The online survey comprised single or multiple choice questions, with optional space for free-text entries (enabling participants to elaborate on their responses). This was easy to distribute to the target group and could be completed at their convenience. Participant interaction during focus groups allowed for a genuine reflection and sharing of stories, creating in-depth findings. Focus groups were conducted virtually due to COVID-19. This allowed more flexibility for participants to join, thus widening the prospective participant pool (dos Santos Marques et al., 2021).

### 2.2. Setting and participants

Midwifery programmes across three participating universities in the South East of England. The universities all served an area overseen by Health Education South East, which was tasked with healthcare workforce planning in the region and funded the study (Health Education England, n.d.).

In the UK, standards for recruitment to midwifery programmes are set by the Nursing and Midwifery Council (NMC) (NMC, 2023). The NMC requires universities to ensure that applicants demonstrate attributes aligned with its Code of Practice (NMC, 2018). Prospective students submit an online application, including their academic qualifications and a personal statement, to a central admissions service. Applications are then forwarded to the relevant universities, and it is standard practice for prospective midwifery students who meet the academic requirements of the university to which they have applied to be interviewed (Sendero Training Ltd, 2023). Interviews can include an opportunity to meet academic staff, students and service users and may take the form of a one-to-one or group interview, or a series of multiple mini interviews (Sendero Training Ltd, 2023).

Admissions leads at participating universities emailed the survey link to all applicants who they invited to interview. The email included an invitation to participate, information about the study and assurance that responses were anonymous and would not affect the outcome of their application. Participants were encouraged to complete the survey towards the end of their interview or at a later date. The survey took around 10 min to complete. It was hosted on Qualtrics. 1257 applicants were interviewed across the three universities (458 of whom identified as BAME). A total of 440 applicants submitted responses, 101 of whom self-identified as BAME. All respondents identified as female. BAME respondents were more likely to come from London or South East England (39.6% and 39.6%) whereas non-BAME were more likely to come from the South East and South West of England (45.5% and 24.2%). Of the 101 BAME respondents, 50 (49.5%) identified as Black African, Black Caribbean or Black British and 22 (21.7%) as Asian/Asian British. The rest were either of mixed or another heritage.

Concurrent with survey distribution, current midwifery students at the participating universities and students who had graduated in the last

two years, were sent an email invitation to a focus group and a participant information sheet. Collectively, there are around 100 students in each year group across the sites. Prospective participants, self-identifying as BAME, contacted the focus group moderator (Author 1) directly. Thirteen BAME students and one preceptee midwife participated in five online focus groups consisting of two to four participants. Two of the participants took part in individual interviews at two further focus groups when only one participant was present. The preceptee midwife had not graduated from a participating university, but heard about the study at her place of work, which was a placement setting for one of the universities and asked to take part. Six participants identified as Black, African, Caribbean or Black British, four as Asian or Asian British and three identified as BAME but declined to elaborate further. Four participants were aged between 19 and 24 and the rest were older or declined to give their age. Student participants were more or less evenly distributed across their first, second and third year of study. Open questions and follow-up questions were used to guide online discussions that lasted approximately 60 min. The discussions were video recorded with consent and transcribed verbatim.

### 2.3. Data analysis

Descriptive analysis was undertaken on answers to closed survey questions, using tables and text to present a comprehensive summary of data. Where statistical analyses were undertaken these were performed in IBM SPSS version 29.0 statistical software (Armonk, New York). Chi-square was performed where this was possible, however this was not possible in most cases as categories were not mutually exclusive (McHugh, 2013).

A thematic approach, as outlined by Braun and Clarke (2013) was adopted for open survey questions and focus group discussions. Data and transcripts were read and re-read independently by two members of the study team. Each data set or transcript was coded line by line following an inductive approach. This generated themes, which were then compared between coders and agreed by consensus. Similar themes were then grouped together, and a narrative was developed in an iterative process, honouring the participants' voices throughout using direct quotes and centering discussion around the data to reach consensus among the study team. Finally, following the results-based convergent synthesis approach outlined by Hong et al. (2017), quantitative and qualitative findings were brought together into a narrative whole by authors one, three and four.

Ethical approval for the study was granted by the authors' University Research Ethics Committee (registration number 201430). Gatekeeper permission was requested and obtained from all participating universities as part of the ethics process. Participation was voluntary and anonymous. Organisations and services that participants could be signposted to for information and support if they needed to discuss issues further or became distressed were identified. These included the Royal College of Midwives and University student support workers. Informed consent was given at the start of the survey and submitted in writing by focus group participants prior to the start of their assigned group. The video recordings of the focus groups were password protected and were deleted as soon as an anonymised transcript had been produced. Focus group and interview participants were reminded at the start of their interaction that contributions would be treated as anonymous and confidential and asked not to discuss any details of the conversation outside the group. They were able to withdraw from the study at any point, without repercussion, with the proviso that any contribution they had made to a discussion would not be able to be identified and withdrawn. Participants could ask for particular comments to be deleted from focus group transcripts, however. Member-checking was conducted during the interactions by using questioning and paraphrasing. This is considered a more effective technique than returning to participants after the event (Roller, 2021). Responses in focus groups are reported as a response from the group - no attempt was made to identify

individuals in each group in the analysis. This further protects the anonymity of participants.

## 3. Findings

### 3.1. Quantitative findings

Overall, 101 BAME candidates completed the survey and 314 non-BAME. Survey findings in respect to finding and choosing a midwifery programme appear broadly similar between candidates from BAME and non-BAME backgrounds, as outlined in Tables 1 and 2 below.

When asked how they had found out about the particular University, methods were comparable between BAME and non-BAME groups with no significant difference between them ( $X^2_5 = 2.435$ ,  $p = 0.79$ , Table 1). Accessing the University website was the most popular option for both groups of students, with almost half of applicants from BAME and non-BAME groups using this method (Table 1). Table 2 shows factors which encouraged respondents to apply to a particular University and across all options responses were broadly similar.

When asked what attracted them to study midwifery at this university, some apparent differences can be seen on factors such as diversity (48.5% in BAME group vs 22.6% in non-BAME group), location of the university (44.5% in BAME group vs 66.5% in non-BAME group) and university life (18.8% in BAME group vs 26.4% in non-BAME group, Table 3). Survey participants were asked about their experience on their interview day, the responses were broadly similar across both groups. Nevertheless, BAME candidates appeared to struggle more with finding the right answer to the questions (10.8% of BAME group vs 1.9% of non-BAME group). However, as respondents could choose more than one category statistical analysis was not undertaken (Table 4).

### 3.2. Qualitative findings

Findings from the qualitative questions in the survey and focus groups were combined to form a narrative charting the application process, comprising the themes and subthemes outlined in Table Five. Each theme is presented below. Each quote is anonymised and ascribed to a focus group transcript (T1–7).

#### 3.2.1. Choosing Midwifery

**3.2.1.1. An obscure choice.** Midwifery was perceived as a 'niche' choice (T1) which people generally did not consider or know about (T3 and T5) and which carried a certain amount of undefined 'stigma' in the participants' communities:

'I'm the first one, probably, in my whole extended family to do this [study midwifery]. Just because there's a whole stigma behind it and I've no idea what that stigma is' (T6).

As a career choice, it was contrasted with nursing:

**Table 1**  
Finding a University

	How did you first find out about this University?			
	BAME		Non-BAME	
	no.	%	no.	%
The university's website	49	48.5	148	47.3
My school/college	15	14.9	34	10.9
A friend	12	11.9	52	16.6
My family	11	10.9	31	9.9
Personal research	9	8.9	33	10.5
Other (please state)*	5	5.0	15	4.8
Total	101	100.0	314	100.0

\*Other included: Local University (n = 12), Summer school / school visit (n = 3), Social media (n = 2), League table (n = 1), Don't know (n = 2).  $X^2_5 = 2.435$ ,  $p = 0.79$ , not significant.

**Table 2**  
Sources of encouragement to make an application.

Who encouraged you to apply to this University? Tick all that apply				
	BAME n = 101		Non-BAME n = 313	
No one other than myself	47	46.53%	137	43.77%
My family	31	30.69%	116	37.06%
My school/College/Course tutor	21	20.79%	44	14.06%
A friend	22	21.78%	73	23.32%
People at University/Open Day	12	11.88%	44	14.06%
Other	2	1.98%	13	4.15%
Total entries*	135		427	

\*Percentages do not equal 100% as respondents could choose more than one category.

‘Just like a lot of people know that they can become nurses or do nursing and midwifery is just so rare I think in the black community’ (T1).

The invisibility of midwifery meant that many of the participants either ‘stumbled across’ it (T1), or came to study it later in life:

‘I worked in hospitality... I was a manager. So, I hired a girl who was training to be a midwife... And she was describing her course and it sounded amazing. I just thought, why am I not doing that?’ (T2).

**3.2.1.2. A new career.** Participants regarded midwifery as a career rather than a job (T3) and an opportunity to bring some diversity into a very white profession:

‘I found a job as a ward clerk... But I also noticed that there’s not a lot of women of colour in midwifery. And that’s when I sat there at my desk and I was like, I really think I could go into this’ (T6).

**3.2.1.3. A dogged pursuit.** Participants’ journeys onto their midwifery programmes had required persistence and determination. They did not question that their application would require them to acquire additional qualifications:

‘Once I decided, I wanted to become a midwife, obviously I had to redo my A-levels’ (T1).

There was a widespread acknowledgement that, despite receiving some encouragement, participants were self-motivated and worked independently to research and put together their applications:

**Table 3**  
Factors attracting and dissuading applications.

What attracted you to study midwifery at this University? (Tick all that apply)				Criteria	Was there anything that made you question whether to apply to this University? (Tick all that apply)			
BAME n = 101		Non-BAME n = 314			BAME n = 65		Non-BAME n = 169	
17	16.83%	53	16.88%	An Open Day	2	3.08%	10	5.92%
45	44.55%	124	39.49%	The course/programme web pages	5	7.69%	2	1.18%
45	44.55%	209	66.56%	The location of the University	22	33.85%	39	23.08%
87	86.14%	291	92.68%	The reputation of the course/ The course	12	18.46%	3	1.78%
16	15.84%	71	22.61%	The National Student Survey Scores	1	1.54%	3	1.78%
40	39.60%	130	41.40%	Feedback from people who go/went there	7	10.77%	8	4.73%
62	61.39%	202	64.33%	The placement opportunities	8	12.31%	21	12.43%
49	48.51%	71	22.61%	The diversity (BAME backgrounds)	13	20.00%	3	1.78%
22	21.78%	57	18.15%	The entry criteria	14	21.54%	56	33.14%
7	6.93%	33	10.51%	The Halls/accommodation	7	10.77%	41	24.26%
8	7.92%	20	6.37%	Student bursaries on offer	3	4.62%	6	3.55%
19	18.81%	83	26.43%	University life	9	13.85%	17	10.06%
5	4.95%	7	2.23%	My family wanted me to apply here	1	1.54%	1	0.59%
7	6.93%	5	1.59%	Other (please state)	2	3.08%	9	5.33%
429		1356		Total entries *	106		219	

\* Percentages do not equal 100% as respondents could choose more than one category.

‘I am the kind of person that can just get on with it’ (T6).

**3.2.2. Making an application: barriers and enablers**

**3.2.2.1. Lack of social capital.** Although some schools and families were seen as supportive and encouraging of participants’ aspirations, few were able to offer ‘productive’ (T1) or specific advice, or access to work experience:

**Table 4**  
Survey respondents’ reaction to their interview.

Which of the following words or phrases best sums up your experience of your interview today? (Tick all that apply)				
	BAME n = 101		Non-BAME n = 314	
Enjoyable	80	79.21%	264	84.08%
Nerve-wracking	43	42.57%	151	48.09%
I didn’t know what to say	11	10.89%	6	1.91%
I felt very uncomfortable	4	3.96%	15	4.78%
It was difficult for me to have space to talk	2	1.98%	7	2.23%
I learnt a lot	34	33.66%	99	31.53%
Total entries <sup>a</sup>	174		542	

<sup>a</sup> Percentages do not equal 100% as respondents could choose more than one category.

**Table 5**  
Qualitative Themes and Sub-themes.

Theme	Sub-themes
Choosing Midwifery	An obscure choice
	A new career
	A dogged pursuit
Making an application: barriers and enablers	Lack of social capital
	Discouragement
	University support
	Diversity
	Social media/informal networks
The selection process	Tick boxes
	Institutional blocks
	Succeeding at interview:cracking the code
	Levelling up

'The school was like, 'oh you're only 17/18 years old you know. We're not going to give you the experience' (T1).

'But the support, you know, because [personal tutor] taught English literature... wasn't quite tailored to midwifery' (T5).

As well as lacking specific knowledge, schools were perceived not to regard midwifery as a serious academic pursuit and to channel their efforts into students applying to universities or programmes that were considered to be more prestigious.

Colleges, on the other hand, which in the UK tend to be more focused on supporting a range of learners to access health and other careers, were perceived to be supportive and to know more about how to get in to midwifery:

'The support was really good from the Access Course I did in college' (T5).

One participant was given an opportunity for work experience through her school. Her experience suggests that social capital is not just important for getting you to where you want to be, but for lighting the fire that makes you want to get there:

'My maths teacher... had a friend who was a male midwife. And she was like, you could shadow my friend and see if you're interested in that... And I was like, oh, okay, this is what I want to do. I loved it' (T2).

**3.2.2.2. Discouragement.** Participants, particularly in T1, described being told by their school, families and other students to apply for nursing, as midwifery was perceived to be a hard course to get into:

'Everyone used to say it's not very easy to get into midwifery so maybe you should look into nursing as well' (T1).

It was recognised that repeatedly being told that you might not succeed could put some people off applying at all and might be misleading:

'It sort of discourages you... if someone says, you know it's very hard to get in... But, thank God I got in. And the funny thing is, all five universities that I had applied to, I had a place everywhere' (T1).

**3.2.2.3. University support.** Prompt responses to enquiries, practical support with personal statements and summer school experiences provided by universities were all evaluated highly by focus group participants. They enjoyed meeting lecturers and students during university visits and their comments show the impact that university administrative and admissions teams have on university choice. Quick responses to emails and proactive support such as checking to see how people were getting on with their applications and inviting them to ask questions all built a picture of a supportive and welcoming environment. Outreach initiatives added to this impression:

'They wanted to get people in from different areas to mix the community up. And they were offering vouchers for petrol or transport to go there. And if you had to stay overnight, they would help you with accommodation as well. Yeah, so I really like that' (T3).

These accounts are in stark contrast to others, who described universities as impersonal and unhelpful:

'I didn't have any support from the Uni itself. I did go to the open days and I did speak to the lecturers. But it was really generic, it's a hard course kind of thing' (T4).

**3.2.2.4. Diversity.** Although focus group participants denied that diversity had an impact on their choice of university, they clearly noticed a lack of diversity and valued its presence at open days. They also noticed

when the student body did not represent the diversity of the surrounding population:

'I assumed (town name) would be very diverse. But the course wasn't' (T2).

'There were a lot of actually black students... which was really lovely you know. You think 'oh gosh I'm not the only one'' (T1).

Participants valued diversity in different forms - for example one mentioned noticing a male lecturer- but their main focus was on looking for potential peers of similar ages and with similar life experiences:

'So I felt like okay, they're sort of in the same position I'm in. We're older, we've got a family, we've got kids already and we're taking this path now' (T3).

Participants were aware that some universities were seeking to become more diverse, but efforts to introduce discussion on diversity in the interview process were perceived to come from a very White perspective:

'So there's a diversity question in the interview itself. But funny enough, my question was ....because I wear a headscarf at uni and when I'm in placement.... So it was like, how would you take care of a woman wearing a hijab? So it was kind of like, 'same thing to me'. Which was quite funny' (T4).

**3.2.2.5. Social Media/informal networks.** Participants described turning to informal social media groups to find a community of like-minded people and access the information they needed:

'I think support groups like Facebook really help you with what you need and what you need to do to get into the university' (T4).

Others simply followed their friends:

'I think I went to [current university] because of one of my friends...I thought you know I like [x] town, why not' (T1).

### 3.2.3. The selection process

**3.2.3.1. Tick boxes.** While some felt that there were definitely quota systems in place, others were not sure how discrimination would operate in the recruitment process. Participants' words here and in some of the sections below, indicate that they regarded quotas and 'tick boxes' in a predominantly negative light, as indications that a university was doing the bare minimum and not really committed to inclusion. They were also seen as a very impersonal tool.

'I honestly feel like being a black student at [University X] is just a tick box exercise... 'Oh, we have one black student... two max. there we go'' (T1).

'I heard something in my cohort that ethnic minorities hadn't been accepted onto the course at the same rate...but... I also don't know what that discrimination would look like. I don't know why someone who had all the qualifications and the personality or whatever it is that you need, wouldn't have been accepted. And because I was accepted, it's difficult' (T2).

**3.2.3.2. Institutional blocks.** Focus group participants' accounts indicate that a good applicant experience depended on different university departments working together and offering a personal, supportive presence. When university departments worked in silos, or stuck rigidly to set criteria, the application process could be experienced as frustrating and obstructive:

'So, I went to all the universities' Open Days and I met all the admission leads. And they all really liked what I had done, and they

told me, 'I very much look forward to welcoming you here'. And then when I applied, one university just rejected me without any reason. They just said, 'entry requirements not enough'. No explanation. And no, you cannot even contact them for feedback' (T1).

Universities were perceived to apply arbitrary requirements, such as a high grade in Maths, or a particular English certificate, and to disregard equivalent qualifications recognised by the National Academic Recognition Information Centre (NARIC - a bridging organisation used by the UK Home Office):

'I had previous university experience at home. But it's completely ridiculous that it was very hard for me to translate that into the British system. It was just so very difficult.... So in the end, it just wasn't worth it for me so I just decided I would just go to college' (T3).

**3.2.3.3. Succeeding at Interview: cracking the code.** Free-text survey comments highlighted that unexpected activities during the interview process, such as group discussions, could be experienced as stressful and challenging. These responses perhaps illustrate why participants in Focus Group 4 described treating their first interview days as an exploratory exercise - an opportunity to gain intelligence about the process and learn what was expected of them, so that they would be better prepared if they needed to apply a second time:

'I didn't answer the questions how I thought I was meant to answer them. So after listening to them and going through that selection process, it gave me an idea of what I needed to do for the next year. So I didn't give up' (T4).

Participants recognised that universities were looking for particular characteristics and key or 'buzz' words and that the key to success was ascertaining what these were:

'[Speaker 1] There were certain keywords that you had to mention and once you did that, then yeah, basically you got a place.

[Speaker 2] The buzzwords' (T4).

This process was not seen as equitable, as people in the know could fake the right characteristics. Also, tick boxes were seen as narrow and exclusive selection tools which could include other, perhaps unspoken, characteristics:

'So I know a lot of people, you know, they apply for Midwifery and they don't get through. Because...they don't fit the criteria... it's a tick box. It's not maybe looks, it's more they're looking at the communication and they might think, Oh, because they've got a certain accent, people might not be able to understand them' (T4).

**3.2.3.4. Levelling up.** Focus group participants were asked to suggest ways the application process could be made more equitable. Universities were advised to increase the diversity of their workforce:

'There should be more black and Asian people around' (T1).

Prospective applicants were strongly encouraged to go to Open Days and find out as much as possible about the university and the midwifery programme. However, respondents felt that universities could support these endeavours by providing a mentor or guide to take people through the process from application to starting on the programme. Rather than 'the receptionist who does the tickboxing' (T4), participants suggested the support should be provided by an academic or Midwife from the placement area. It was also suggested that further support could be generated by putting applicants in touch with one another:

'Create a community of applicants, so that students can support each other' (T5).

Sharing information about what to expect on an interview day was another idea put forward. One university was praised for publishing its interview questions online. This gave everyone the opportunity to prepare in advance and not be caught out.

Universities were also urged to proactively reach out to underrepresented communities:

'I don't think a lot of those universities, that don't have that ethnic representation, actively advertise to those categories. So they don't know those universities exist' (T2).

Diversity initiatives should, however, avoid a tick-box approach:

'When you're making applications and on a form it says your ethnic background or something like that, I always find that quite offensive in some way. Because then I always think, okay, did you just pick me because you want to meet your quota? Because to me it's always a quota... Even apply without names, because sometimes, names as well can be something that makes people throw that piece of paper to the side' (T3).

None of the above suggestions were likely to succeed, however, if more was not done to promote midwifery as a choice that was open to all:

'[Speaker 1] I think making other people aware that midwifery is a choice.

[Speaker 2] Yeah

[Speaker 1] And feel like it's a field that they can go into.

[Speaker 2] It doesn't matter what background you're from' (T5).

### 3.3. Integrating quantitative and qualitative findings

Survey and focus group data suggest that applicants are self-motivated when preparing their applications. Whereas quantitative data suggests that more BAME than non-BAME students consider schools and colleges to be supportive and encouraging, focus group discussions suggest that although colleges are experienced as supportive, schools can lack specific knowledge of midwifery and regard it as a less worthy or prestigious choice. The focus group data further suggests that a lack of social capital may explain the smaller proportion of BAME applicants citing families as a principal source of encouragement in applying to study midwifery.

Survey data suggesting that BAME applicants were less likely than their white peers to feel they knew what to say during an interview is complemented by focus group discussion around the need to identify and unravel the conventions of the process and the key words that would ensure success. These findings also suggest that BAME applicants lacked sources of knowledge or expertise on which to draw to help them prepare.

The claims of focus group participants that diversity did not have an impact on their choice of university contradict the survey finding that BAME survey respondents appeared more likely to value diversity than their non-BAME peers. However, focus group participants clearly noticed a lack of diversity and valued its presence at Open Days.

The focus on university as a stepping stone to a career apparent in the focus groups perhaps explains why survey respondents from BAME backgrounds appeared less likely to consider university life when choosing a place to study.

## 4. Discussion

Overall this study found that BAME and non-BAME applicants appear to report similar reasons for selecting a midwifery programme. The biggest differences influencing choice appeared to be on diversity, which seemed more important for BAME applicants and location, which

although an important consideration for everyone looked more important for non-BAME applicants. This is an interesting finding given that location is reported as a particular consideration for BAME applicants to healthcare elsewhere (Johnson et al., 2013).

The perception of midwifery as an obscure and negative choice is of concern for the profession. The stigma associated with midwifery in this study was not defined and given our respondents' view of the more favourable reputation of nursing, appears to extend beyond the perception of nursing and midwifery as low status, low pay professions which is identified elsewhere (Ali et al., 2018). Said et al. (2020) also highlight that many more BAME students are attracted to nursing than to midwifery. This may be due to nursing being perceived as a more diverse and inclusive profession (Okiki et al., 2023), in part as a result of the long history of recruitment in poorer countries to fill nursing shortfalls in countries such as the UK, Australia, Canada and Ireland (Beaton and Walsh, 2010; Humphries et al., 2008; Konno, 2006; Solano and Rafferty, 2007). In the UK, requirements to practice Midwifery were only updated in 2019 to facilitate overseas recruitment (NMC, 2022). Our findings suggest that more diverse university faculties might encourage applications from a diverse range of students. Further research is necessary to understand how midwifery is perceived by different communities and the possible reasons behind this.

Previous research into nursing and midwifery recruitment has also highlighted a lack of social capital available to applicants from BAME communities. Goode (2014) contrasts this to the connections and know-how enjoyed by white students and notes how such social capital reinforces inequality. The particular importance of social ties and networks in facilitating inclusion into formal institutions is highlighted by Lin (2000) and is identified as a key factor in the maintenance of inequality over time (Cook, 2014). It is played out in scenarios such as BAME nursing students being more likely to secure work experience in a less 'desirable' location such as a care home rather than on a hospital ward (Grainger (2006). It is not unusual for universities in the UK to require or prefer midwifery applicants to have undertaken work experience. We recommend that all entry criteria are revisited to ensure that they are fully inclusive. A more flexible approach that enabled all applicants to use a range of related and applied life experience to demonstrate their suitability for midwifery practice might be more appropriate.

A perception of institutional racism is apparent in some of the focus group comments, particularly regarding entry requirements, which were perceived as arbitrary and unfair. Participants did not display the same level of suspicion of race-related questions as in previous nursing research (Johnson et al., 2013), but were keenly aware of tick boxes, buzzwords and quotas. Although non BAME applicants also have to navigate these, our focus group participants reported a perceived need to treat their first application as a trial run where they could identify and learn accepted words and phrases. Our quantitative data suggests that non-BAME applicants were more likely to feel that they knew what to say during an interview. Quotas and tick boxes were seen in a predominantly negative light by focus group participants, as ways of either capping inclusivity, or as ineffective and impersonal selection tools.

Study participants' feelings of discomfort and perceptions of obstruction and unconscious bias during their application and interview process is perhaps an example of what Ash et al. (2020) describe as the oppressive system of whiteness in higher education. Their experience represents the culmination of the layers of discrimination encountered in different settings that are described in our study. The reported mix of a deficit of social capital, additional burdens such as verifying qualifications and BAME cultures and people being portrayed as deviating from a white norm also point towards unearned privilege enjoyed by people whose communities and networks know about midwifery, who do not have to prove the worth of their qualifications and who share a cultural identity with the institution to which they are applying. Academics such as Nixon (2019) have highlighted the need to acknowledge privilege as well as disadvantage to create equitable and fair structures

and processes.

Our finding that students from all backgrounds are most likely to engage with a place of study through their website highlights a need for midwifery programme webpages to contain inclusive imagery and language. This finding, and the participants' comments about conflicting messages from tutors and admissions staff, also suggest that marketing, admissions and academic teams need to work together to create an equitable and welcoming path into midwifery study.

Key suggestions for a more inclusive and equitable recruitment process included more outreach activities, more information about what to expect on an interview day, academic or registrant mentors to support people through the process and a focus on individuals and their unique abilities rather than on tick boxes. The need for outreach activities is also highlighted by Ali et al. (2018) as a way to increase the visibility of nursing and midwifery careers. It is noteworthy that the participant suggestions do not appear to emanate from a deficit mindset, which frames students and their families as lacking the necessary knowledge and resources to secure success. Instead, the onus is put on universities to be visible, open and transparent and to change recruitment processes that are experienced as unfair. Ash et al. (2020) and Eddo-Lodge (2018) both argue that if a process is not experienced as fair and transparent by everyone, then it is the process and not the applicants, that is in need of change. Participants in the current study perhaps offer a way to a more equitable approach valuing individuality rather than knowledge of key words. Information sharing and mentoring can perhaps be used in addition to more fundamental system changes. Kaehne et al. (2014) highlight these suggestions in their review of widening participation in healthcare programmes, noting that mentoring provides potential students with an informal and non-threatening way of accessing information and suggesting that current students and alumni should be called on to act in this role.

## 5. Strengths and limitations

This study sought the views of applicants to three universities in a particular geographical region during a single recruitment cycle. Qualitative data provided context and possible explanations for some of the quantitative findings. Conversely, quantitative findings resonated with qualitative data, suggesting a measure of transferability for the qualitative findings, even though the sample size was reasonably small. We were only able to recruit one recently qualified midwife into our study, so our findings cannot claim to reflect the views of this group.

In most part, quantitative results were descriptive only. However, this is the first study of this nature and provides important initial data on the topic. There is a need for further research in this area in other countries and settings where recruitment practices may be different. This would enable cross-cultural learning and help determine the extent to which our findings are transferable to other settings.

This research was carried out during COVID-19 restrictions, which prevented applicants experiencing face to face opportunities which may have altered their experience. The survey sample size was 415, but most of these were from a non-BAME background. Over 100 BAME applicants completed the survey, however.

## 6. Conclusion

Factors influencing choice of midwifery programme appeared broadly similar for BAME and non-BAME students. BAME students experience layers of underlying discrimination at different stages of their application attempts, including cultural, school and university factors. Midwifery faces challenges at a professional and academic level to position itself as an inclusive and welcoming career option. Increased faculty diversity, approaches that recognise and attempt to mitigate the impact of social capital and a supportive recruitment process that values individuality and uniqueness rather than looking for uniform responses were key suggestions to attract and recruit more diverse midwifery

students.

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## Ethical Approval

This study was approved by the Oxford Brookes University Research Ethics Committee, UREC Registration No: 201430.

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## CRedit authorship contribution statement

**Carina Okiki:** Methodology, Formal analysis, Investigation, Writing – original draft, Project administration. **Giada Giusmin:** Conceptualisation, methodology, Formal analysis, Investigation, Data curation, Writing, Project administration. **Jane Carpenter:** Methodology, Formal analysis, Data curation, Writing – review & editing, Visualisation, Supervision. **Louise Hunter:** Conceptualisation, Methodology, Formal analysis, Writing, Visualisation, Supervision, Funding acquisition.

## Conflict of Interest Statement.

None declared.

## Conflict of Interest

None declared.

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